

**Health  
Advisory:  
Tuberculosis  
St. Louis Area  
Medical  
Community –  
Homeless Shelters**

**November 26, 2003**

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.state.mo.us/>.

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

**Health Advisory  
November 26, 2003**

**FROM: RICHARD C. DUNN  
DIRECTOR**

**SUBJECT: Tuberculosis – St. Louis Area Medical Community – Homeless Shelters**

The Missouri Department of Health and Senior Services (DHSS) has issued this advisory to inform the St. Louis area medical community of an outbreak of tuberculosis among the city's homeless shelter residents. There have been 15 active TB cases with two deaths. Persons who visit the shelter for less than 10 hours per week are not considered at risk.

The St. Louis City Health Department, the American Lung Association, DHSS, Grace Hill Neighborhood Health Centers and the Salvation Army have responded with several strategies, including enhanced screening and tracking of shelter users, installation of ultraviolet lights in the city's largest shelter, and on-site mobile chest x-ray screening.

The St. Louis area medical community is advised of the following to assist public health officials in responding to this outbreak and preventing further transmission of TB this winter:

**“Think TB” for homeless shelter users and workers with respiratory illness.**

Persons currently or with a history of residing in a St. Louis area homeless shelter, or a work history including homeless shelters in St. Louis City should be evaluated for TB if they have a persistent cough > 3 weeks and/or bloody sputum. Other symptoms of TB include unexplained weight loss, night sweats, fever, loss of appetite, fatigue, or an abnormal chest x-ray consistent with TB. Patients undergoing a workup for TB should also receive HIV counseling and testing. Remember, a negative PPD (skin test for TB) does not rule out TB in a symptomatic patient.

Emergency Departments should carefully evaluate patients with upper respiratory illness for the need for respiratory isolation. Obviously, not all patients with a respiratory illness over the winter months need to be hospitalized or be placed in respiratory isolation. However, persons with a history of shelter use or work, or persons referred directly from a shelter with a severe respiratory illness, should wear a mask and be evaluated for TB (and other infectious respiratory illnesses). A comprehensive algorithm for patient management decisions is attached.

Send all sputum or other specimens for bacteriological testing to the State TB Lab in Mount Vernon, MO. The State TB Lab needs to receive all isolates associated with this outbreak for submission to the Centers for Disease Control and Prevention (CDC) for spoligotyping. Spoligotyping assists public health officials in understanding patterns of transmission, and in developing effective responses to the outbreak.

Office of the Director  
912 Wildwood  
P.O. Box 570

Jefferson City, MO 65102  
Telephone: (800) 392-0272

Fax: (573) 751-6041

Web site: [www.dhss.state.mo.us](http://www.dhss.state.mo.us)

For those hospitals that have obligations to other contract laboratories, we advise submitting an additional specimen, or splitting specimens and shipping one of these, to the State TB Lab. Shipping is provided through the State TB Lab. For more information or specific instructions, the State TB Lab can be reached by calling 1-877-819-6124, Monday-Friday, 8:00am-5:00pm, or at <http://www.dhss.state.mo.us/Lab/mtvernon.htm>.

Report all SUSPECT cases to public health within 24 hours. The homeless shelter population is particularly transient and hard to reach. The earlier public health is notified of a suspect case in a shelter user, the better our chances for successfully testing and treating contacts. Please report all suspect cases (you do not have to await confirmatory culture results) to St. Louis City Health Department at 314-612-5289, or the DHSS at 1-800-392-0272, 24 hours a day, 7 days a week. Feel free to contact us for further information.

# HARBOR-UCLA TRIAGE CRITERIA FOR RESPIRATORY ISOLATION TUBERCULOSIS PRECAUTIONS (RIPT)

Chief Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECK ALL APPLICABLE RISK FACTORS, SYMPTOMS, OR COMPLAINTS:

### Risk Factors

- ☐ (2) HIV Positive
- ☐ (1) Male Homosexual
- ☐ (1) Foreign-Born
- ☐ (2) Homeless or In Shelter
- ☐ (1) IVDA
- ☐ (4) History of Active TB Now or at Any Time In the Past (even if on meds)
- ☐ (2) In Jail Within Last 2 Years
- ☐ (2) Newly PPD Positive (within 2 years) or History of Recent TB Exposure

### Symptoms/Complaints

- ☐ (3) Cough (any duration)
- ☐ (2) Fever or Chills or Night Sweats
- ☐ (2) Weight Loss >10 Pounds
- ☐ (5) Hemoptysis

**Total Points:** \_\_\_\_\_

## RIPT FOR 5 OR MORE POINTS

Add up points. Respiratory Isolation scale scores of 5 or more points indicate a need for immediate mask and respiratory isolation packet (RIPT Packet). For patients meeting criteria, please order a PA and lateral chest X-ray and have an emergency medicine senior resident or emergency medicine attending physician record their reading of the chest X-ray and their decision regarding the need for continued isolation below. This form should be attached to the nursing notes for the patient and, when the chart is broken down, returned to the envelope by the clerk's desk. All patients with scores of 5 or more must be entered in the RIPT logbook.

Complete below only for patient meeting RIPT criteria:

Name: \_\_\_\_\_  
Last First MI

Assigned RIPT Number: \_\_\_\_\_

### Chest X-ray result (to be recorded by physician reading film, check all that apply):

- ☐ Upper Lobe Infiltrate(s)
- ☐ Diffuse Infiltrate or Interstitial Pattern
- ☐ Mediastinal Lymphadenopathy
- ☐ Other Findings (hyperinflation, rib fractures, etc.)
- ☐ Normal
- ☐ Infiltrate Not in Upper Lobe(s)
- ☐ Pleural Effusion
- ☐ Mass or Coin Lesion (not cavitary)
- ☐ Cavitary Lesion